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DATE

3/24/22

PATIENT

Evie Drews

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

4/30/09

WEIGHT

69.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Severna Par VH

REFERRING VET

Dr. Todd

INVOICE

36459

PRESENTING CLINICAL SIGNS

Evie has a history of a splenic nodule and a nodular liver noted on her previous Intrapet ultrasounds. The owner has not pursued FNA of the nodules. Evie presented on 3/18/22 for lethargy, vomiting, and decreased appetite. Her bloodwork revealed a mild ALT elevation and hemoconcentration. Abdominal rads revealed mild loss of serosal detail but were otherwise unremarkable. She was treated supportively as a possible gastritis/pancreatitis case but I recommended follow up monitoring of her spleen and liver given the change in ALT.

Current Medications: Denamarin >35# 2 SID, Omeprazole 20mg SID.
Lab Results: ALT 354 (10-118), ALP WNL 118 (20-150), Phos 6.7 (2.8-6.6), Chem Otherwise WNL.
Hemoconcentration on CBC, otherwise WNL, HCT 62.5%, RBCs 9.81 (5.5-8.5).
Date of Previous IntraPet Ultrasound: 4/22/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralizations noted. The left kidney measured 6.6 cm. The right kidney measured 6.7 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.02 cm x 0.79 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 3.1 cm x 0.83 cm at the cranial pole and 0.80 cm at the caudal pole.

Spleen

The **spleen** nodule appears to have increased in size compared to the prior sonogram, measuring 2.24 cm x 1.6 cm. Minor coarse architecture noted elsewhere in the spleen.

Liver

The **liver** presented multifocal hypoechoic nodular changes. These are new developments since the prior sonogram, measuring up to 2.83 cm x 1.9 cm in the left medial liver. Mild increased portal markings noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Other

Subcutaneous lipoma noted in the right flank in this patient, does not appear pathological.

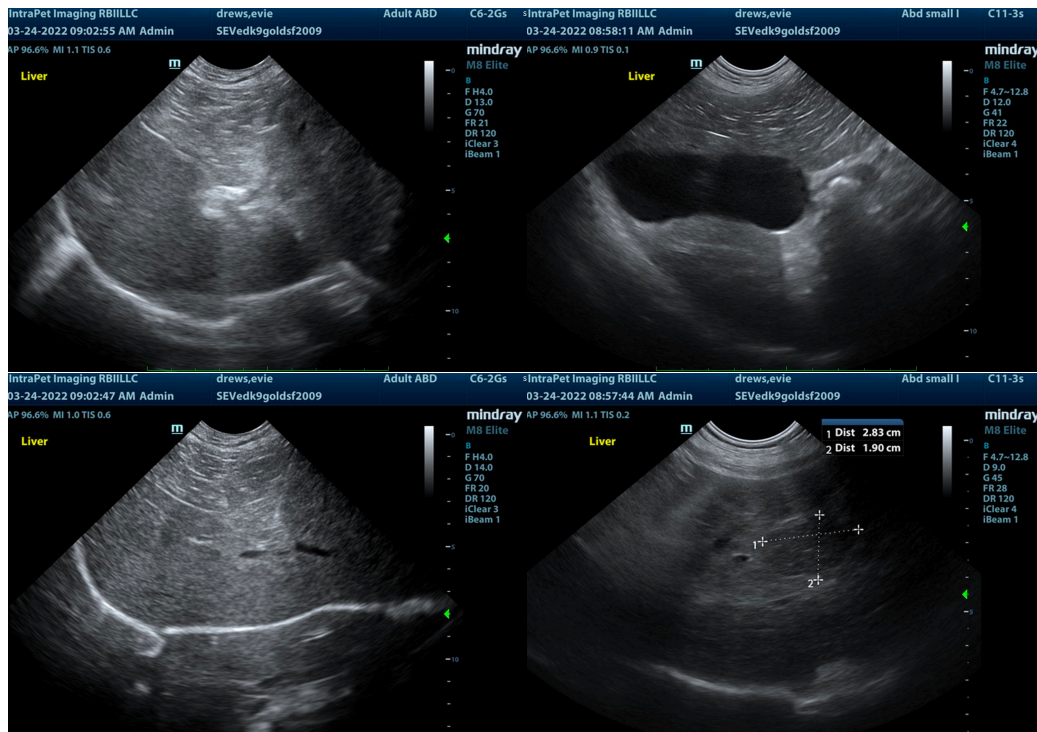
Rapid view of the heart revealed no evident pathology other than minor bradycardia.

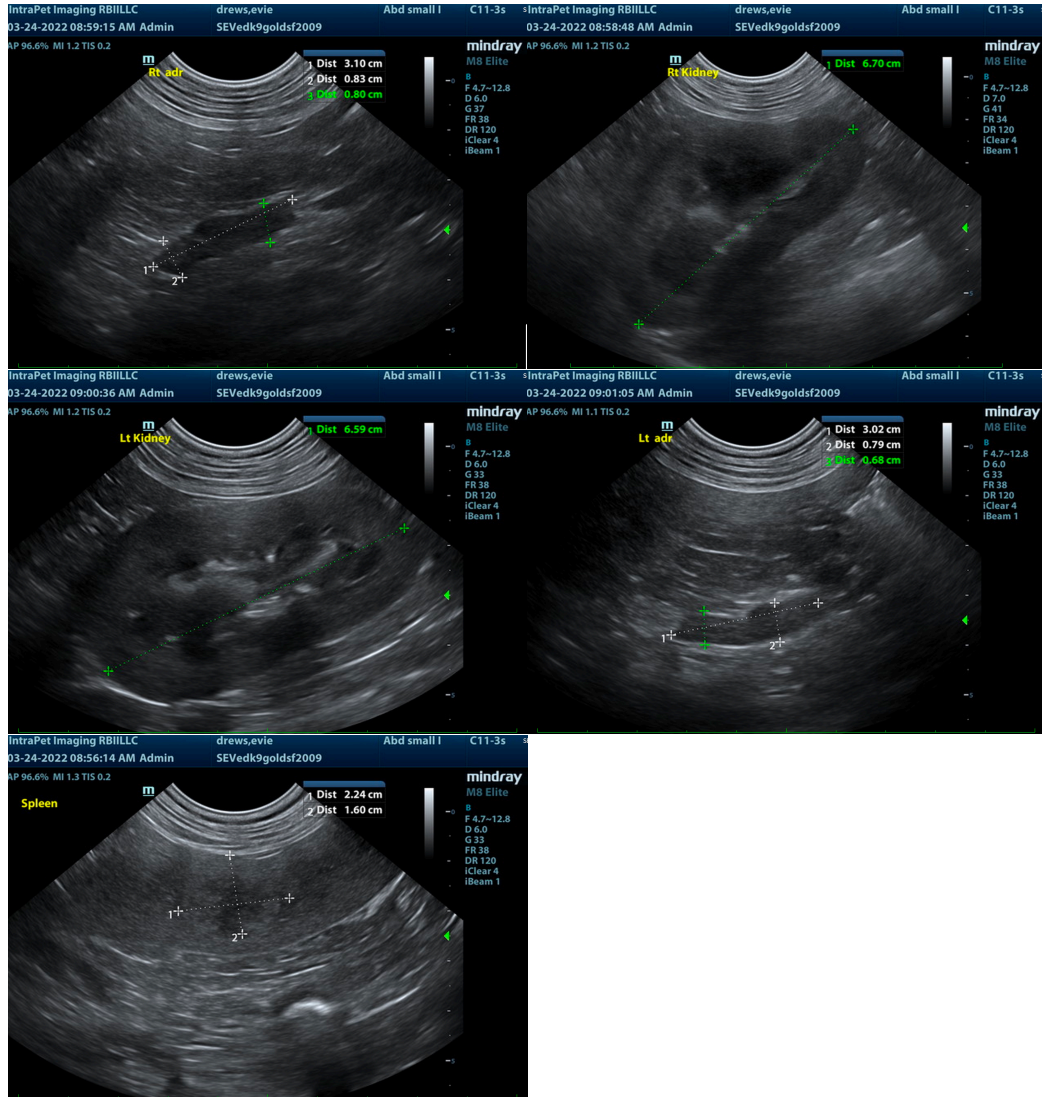
ULTRASONOGRAPHIC FINDINGS

- Mild increased splenic nodule enlargement
- Hepatic nodules and remodeling
- Minor bradycardia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, I recommend FNA of the spleen and liver in this patient. Bile acid profile warranted as well, given the degree of hepatic changes. Assessment of other causes of lethargy such as orthopedic pain, thoracic and CNS disease all recommended. EKG warranted, as bradyarrhythmia may be playing a role in the clinical signs.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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